



ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

11/1

7/11/7

11/1

S.S.

69134

31-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
(Through numeral) Canceled A Appeal
: Restricted O Objected

BEST AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	2	51	52	101	102
3	4	53	54	103	104
5	6	55	56	105	106
7	8	57	58	107	108
9	10	59	60	109	110
11	12	61	62	111	112
13	14	63	64	113	114
15	16	65	66	115	116
17	18	67	68	117	118
19	20	69	70	119	120
21	22	71	72	121	122
23	24	73	74	123	124
25	26	75	76	125	126
27	28	77	78	127	128
29	30	79	80	129	130
31	32	81	82	131	132
33	34	83	84	133	134
35	36	85	86	135	136
37	38	87	88	137	138
39	40	89	90	139	140
41	42	91	92	141	142
43	44	93	94	143	144
45	46	95	96	145	146
47	48	97	98	147	148
49	50	99	100	149	150

If more than 150 claims or 10 actions
staple additional sheet here

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